| | I Do | cket Number |
|--|--------------|------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | 0054.489USPC |
| FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) | .) | |
| Application Number 10/541,146 | Fil | led April 11, 2006 |
| For ROTOR BLADE FOR A WIND POWER PLANT | | |
| Art Unit 3745 | | aminer nh H. Nguyen |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | |
| Fee Si | mall Entity | / Fee |
| One month (37 CFR 1.17(a)(1)) \$120 | \$60 | \$ <u>120</u> |
| Two months (37 CFR 1.17(a)(2)) \$460 | \$230 | \$ |
| ☐ Three months (37 CFR 1.17(a)(3)) \$1050 | \$525 | \$ |
| Four months (37 CFR 1.17(a)(4)) \$1640 | \$820 | \$ |
| Five months (37 CFR 1.17(a)(5)) \$2230 | \$1115 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. | | |
| A check in the amount of the fee is enclosed. | | |
| Payment by credit card. Form PTO-2038 is attached. | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| The Director is hereby authorized to charge the above fees, or credit any overpayment, | | |
| to Deposit Account Number 19-1090. | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | |
| I am the ☐ applicant/inventor. | | |
| assignee of record of the entire interest. See 37 CFR 3.71 | | |
| Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | |
| attorney or agent of record. Registration No. <u>57.862</u> | | |
| attorney or agent under 37 CFR 1.34. | | |
| Registration number if acting under 37 CFR 1.34 | | |
| /Jason T Evans/ | May 29, 2008 | |
| Signature | Date | |
| Jason T. Evans | 206-622-4900 | |
| Typed or printed name Telephone Number | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patients, PO Box 1450, Navandia, VA 22313-1430.

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